

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-335712

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2			/				52						
3			2				53						
4			2				54						
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7			2				57						
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12			2				62						
13	/		/				63						
14			/				64						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7				2								
TOTAL DEP.	14				12								
TOTAL CLAIMS	21				14								